

**State of Arkansas Department of Emergency Management
Evacuee Processing Worksheet**

Draft v3 09-02-2005

Page 1

Incoming Processing Center Information:		Date:	
Center Name:		Phone: () -	
Address:			
City:	State:	Zipcode:	County:

Current Evacuee Physical Location:			
Staying in shelter (circle one): Yes No			
If yes:			
Shelter Name:		Shelter Phone: () -	
Physical Address:			
City:	State:	Zipcode:	
If no:			
Address at which evacuee can be located:			
City:	State:	Zipcode:	
Phone number at which evacuee can be reached:			

Evacuee Data			
Head of Household Evacuee:			
Last Name:		First Name:	MI:
Address Evacuated From:			
Address:			
City:	State:	Zipcode:	
(Area Code) Phone:			
Date of Birth(YYYYMMDD):			
Place of Birth City:		State:	Country:
Country of Citizenship:		Alien Number:	
Gender (circle one): M F			
Marital Status (circle one): Single Married Widowed Separated Divorced			
Number of Family Members with you: Adults:		Children:	
Number of animals with you:	Dogs:	Cats:	Birds: Other:
Emergency Contact Information:			
Last Name:		First Name:	MI:
Street Address:			
City:	State:	Zipcode:	
Country			
Home Phone: () -		Work Phone: () -	

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Draft v3 09-02-2005

Page 2

Head of Household Evacuee	
Last Name:	First Name:
Services Needed:	
Family Members with Special Needs:	
Clothing (list gender, size, qty):	
Housing (Permanent, Temporary):	
Medications:	
Mental Health:	
Pregnancy Due Date:	
Medical (Special Medical Needs):	
Legal Services:	Child Care:
Locator Assistance for other family members:	
Transportation:	
Financial:	
Religious:	Funeral:
Translator:	
Future Plans:	
Anticipated shelter time:	
Preferred area of the state:	
Employment Information:	
Currently seeking a job (circle one): Yes No	
If yes, list certification, licenses (which state), special skills:	
Outprocessing Center Information:	
Date Evacuees Left:	
Center Name:	Phone: () -
Address:	
City:	State: Zipcode:
Notes:	

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Draft v3 09-02-2005

Page 3

Head of Household Evacuee		
Last Name:	First Name:	

Accompanying Evacuee (use additional forms page 3 as needed):				
Last Name:	First Name:	MI:		
Gender (circle one): M F	Age:	Grade:	Date of Birth:	
Name of school currently enrolled in:				
Relationship (circle one):	Spouse	Son/Daughter	Parent	Other
Birth City:	State:	Country:		
Country of Citizenship:		Alien Number:		
Employment Information: Currently seeking a job (circle one): Yes No				
If yes, list certification, licenses (which state), special skills:				

Accompanying Evacuee (use additional forms page 3 as needed):				
Last Name:	First Name:	MI:		
Gender (circle one): M F	Age:	Grade:		
Name of school currently enrolled in:				
Relationship (circle one):	Spouse	Son/Daughter	Parent	Other
Birth City:	State:	Country:		
Country of Citizenship:		Alien Number:		
Employment Information: Currently seeking a job (circle one): Yes No				
If yes, list certification, licenses (which state), special skills:				

Accompanying Evacuee (use additional forms page 3 as needed):				
Last Name:	First Name:	MI:		
Gender (circle one): M F	Age:	Grade:		
Name of school currently enrolled in:				
Relationship (circle one):	Spouse	Son/Daughter	Parent	Other
Birth City:	State:	Country:		
Country of Citizenship:		Alien Number:		
Employment Information: Currently seeking a job (circle one): Yes No				
If yes, list certification, licenses (which state), special skills:				